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ABSTRACT

Concerns about enhancing availability and access to mental health services in schools range from sparse resources to the proliferation of piecemeal and overspecialized interventions arising from categorical funding. This paper discusses such concerns and stresses that they must be addressed from a perspective that fully appreciates the degree to which school policies and practices marginalize student support programs and services. Changing all this is discussed in terms of reframing school reform to fully address barriers to student learning. Finally, a proactive agenda addressing the implications for new directions for pupil personnel professional is suggested. (Contains 40 references.) (Author/JDM)

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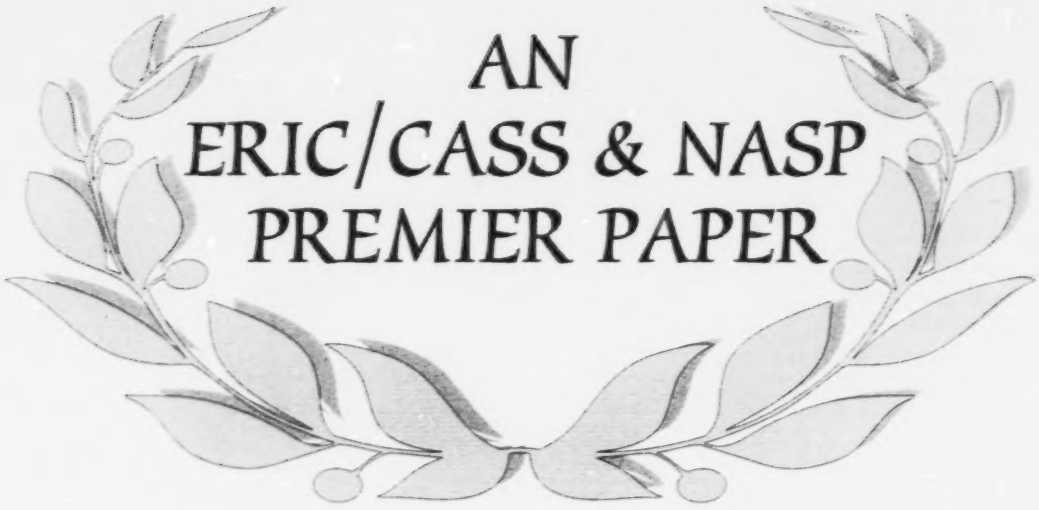

Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterprodutive Competition, and Marginalization

Howard S. Adelman & Linda Taylor

PREPARED ESPECIALLY FOR THE NASP NATIONAL CONVENTION
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Introduction

This paper introduces a new phase in the NASP – ERIC/CASS Partnership. Each year NASP and ERIC/CASS will commission an outstanding author to prepare an original paper relevant to the theme of the NASP national convention. This paper will be presented to the NASP Executive Council and later made available to NASP members at the ERIC/CASS booth at the convention. In recognition of its special status, the paper will be entered into the ERIC international database as an ***ERIC/CASS - NASP Premier Partnership Paper.*** This category will be reserved for papers displaying the highest order of scholarship and devoted to a topic of compelling criticality for school psychology. It will also be posted on the websites of both organizations.

This paper, *Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization*, authored by two eminent policy strategists, Howard S. Adelman and Linda Taylor, is an excellent start-up for the series and appropriately compliments the convention theme of *Overcoming Barriers, Increasing Access and Serving All Children*. It is our joint intent that this paper will highlight the high quality of resources being entered into the ERIC database and also encourage other psychologists to submit their papers to ERIC/CASS.

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Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization

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Abstract

Concerns about enhancing availability and access to mental health services in schools range from sparse resources to the proliferation of piecemeal and overspecialized interventions arising from categorical funding. This paper discusses such concerns and stresses that they must be addressed from a perspective that fully appreciates the degree to which school policies and practices marginalize student support programs and services. Changing all this is discussed in terms of reframing school reform to fully address barriers to student learning. Finally, a proactive agenda addressing the implications for new directions for pupil personnel professionals is suggested.

Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization

Over the years, various legal mandates and awareness of the many barriers to learning have given rise to a variety of school counseling, psychological, and social support programs and to initiatives for school-community collaborations. Paralleling these efforts is a natural interest in promoting healthy development. As a result, a great amount of activity is in play, and a great many concerns have arisen about intervention availability, access, and delivery and about effectiveness and cost-efficiency.

Much has been made of categorical funding as related to the problems of availability and access and the proliferation of piecemeal and overspecialized interventions. Concomitantly, problems constantly arise because of turf battles among pupil service personnel and between such personnel and community providers offering school-linked services. Such concerns clearly are significant and related. However, they need to be addressed from a perspective that fully appreciates the degree to which programs and services for addressing barriers to student learning are marginalized in school policy and practice. This paper discusses such concerns and the need to reframe school reform and the roles of pupil personnel professionals in order to deal with them.

Fragmentation, Overspecialization, and Competition

Problems of fragmentation, overspecialization, and counterproductive competition arise from several sources. For purposes of this discussion, it will suffice to highlight matters in terms of efforts related to (a) school-owned programs and (b) initiatives designed to enhance school and community agency connections.

School-Owned Programs

Looked at as a whole, one finds in many school districts a range of preventive and corrective activity oriented to students' needs and problems. Some programs are provided throughout a school district, others are carried out at or linked to targeted schools. (Most are owned and operated by schools; some are owned by community agencies.) The interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk," and/or to those in need of compensatory education. The activities may be implemented in regular or special education classrooms and may be geared to an entire class, groups, or individuals; or they may be designed as "pull out" programs for designated students. They encompass ecological, curricular, and clinically oriented activities designed to reduce problems such as substance abuse, violence, teen pregnancy, school dropouts, and delinquency (Adelman, 1996a).

It is common knowledge, however, that few schools come close to having enough resources when confronted with a large number of students experiencing a wide range of psychosocial barriers that interfere with learning and performance. Most schools offer only bare essentials. Too many schools cannot even meet basic needs. Primary prevention often is only a dream.

While schools can use a variety of persons to help students, most school-owned and operated services are offered as part of what are called pupil personnel services or support services. Federal and state mandates tend to determine how many pupil service professionals are employed, and states regulate compliance with mandates. Governance of daily practice usually is centralized at the school district level. In large districts, psychologists, counselors, social workers, and other specialists may be organized into separate units. Such units overlap regular, special, and compensatory education. Analyses of the situation find that the result is programs and services that have a specialized focus and relative autonomy. Thus, although they usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, inadequate support for student transitions), the programs and services generally are planned, implemented, and evaluated in a fragmented and piecemeal manner. Consequently, student support staff at schools tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly, it works against developing cohesiveness and maximizing results, and it leads to counterproductive competition for sparse resources – all of which works against enhancing availability (Adelman, 1996a; Adelman & Taylor, 1997, 1999).

Furthermore, in every facet of a school district's operations, an undesirable separation usually is manifested among the instructional and management components and the various activities that constitute efforts to address barriers to learning. At the school level, this translates into situations where teachers simply do not have the supports they need when they identify students who are having difficulties. Clearly, prevailing school reform processes and capacity building (including pre and in service staff development) have not dealt effectively with such concerns.

School-Community Collaborations

As another way to provide more support for schools, students, and families, there has been increasing interest in school-community collaborations. This interest is bolstered by the renewed policy concern about countering widespread fragmentation of and enhancing availability and access to community health and social services and by the various initiatives for school reform, youth development, and community development. In response to growing interest and concern, various forms of school-community collaborations are being tested, including state-wide initiatives in many states (e.g.,

California, Florida, Kentucky, Missouri, New Jersey, Ohio, and Oregon). This movement has fostered such concepts as *school linked services, coordinated services, wrap-around services, one-stop shopping, full service schools,* and *community schools* (Dryfoos, 1994). The growing youth development movement adds concepts such as *promoting protective factors, asset-building, wellness,* and *empowerment.*

In building school-community collaborations, the tendency has been to limit thinking about communities by focusing only on *agencies.* This is unfortunate because the range of resources in a community is much greater than the service agencies and community-based organizations that often are invited to the table (Kretzmann & McKnight, 1993).

Not surprisingly, early findings primarily indicate how challenging it is to establish collaborations (Knapp, 1995; Melaville & Blank, 1998; SRI, 1996; White & Whelage, 1995). Still, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. For example, by placing staff at schools, community agencies increase the amount of assistance available and make access easier for students and families, especially those who usually are underserved and hard to reach. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities, and lead to greater family involvement (Center for Mental Health in Schools, 1996, 1997; Day & Roberts, 1991; Dryfoos, 1994, 1998; Knapp, 1995; Lawson & Briar-Lawson, 1997; Melaville & Blank, 1998; Schorr, 1997; Taylor & Adelman, 2000; U.S. Department of Education, 1995; U.S. General Accounting Office, 1993).

Marginalization

Policy makers have come to appreciate the relationship between limited intervention effectiveness and the widespread tendency for complementary programs in school and community to operate in isolation. Limited results do seem inevitable as long as interventions are carried out in a piecemeal and inappropriately competitive fashion and with little follow through.

The call for "integrated services" clearly is motivated by the desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation, while also increasing availability and access (Adler & Gardner, 1994; Merseth, Schoor, & Elmore, 2000). Special attention is given to the many piecemeal, categorically funded approaches, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, and teen pregnancy. However, by focusing primarily on fragmentation, policy makers fail to deal with the overriding issue, namely that addressing barriers to development and learning remains a marginalized aspect of policy and practice. Fragmentation stems from the *marginalization,* but concern about such marginalization is not even on the radar screen of most policy makers.

Stated simply, the majority of school programs, services, and special projects designed to address barriers to student learning are viewed as supplementary (often referred to as auxiliary services) and operate on an ad hoc basis. The degree to which marginalization is the case is seen in the lack of attention given to such school activity in consolidated plans and certification reviews and the lack of efforts to map, analyze, and rethink how resources are allocated. Educational reformers virtually have ignored the need to reframe and restructure the work of school professionals who carry out psychosocial and health programs. As long as this remains the case, reforms to reduce fragmentation and increase availability and access are seriously hampered. More to the point, the desired impact for large numbers of children and adolescents will not be achieved.

At most schools, community involvement also is a marginal concern, and the trend toward fragmentation is compounded by most school-linked services' initiatives. This happens because such initiatives focus primarily on coordinating *community* services and *linking* them to schools, with an

emphasis on *co-locating* rather than integrating such services with the ongoing efforts of school staff. Fragmentation is worsened by the failure of policy makers at all levels to recognize these problems (Adelman & Taylor, 2000). Reformers mainly talk about "school-linked integrated services" – apparently in the belief that a few health and social services are a sufficient response. Such talk has led some policy makers to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free the dollars underwriting school-owned services. The reality is that even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find they have stretched their resources to the limit. Another problem is that the overemphasis on school-linked services is exacerbating rising tensions between school district service personnel and their counterparts in community-based organizations. As "outside" professionals offer services at schools, school specialists often view the trend as discounting their skills and threatening their jobs. At the same time, the "outsiders" often feel unappreciated and may be rather naive about the culture of schools. Turf conflicts arise over use of space, confidentiality, and liability. Thus, a counterproductive competition rather than a substantive commitment to collaboration is the norm.

In short, policies shaping agendas for school and community reform are seriously flawed. Although fragmentation and access are significant problems, marginalization is of greater concern. It is unlikely that the problems associated with education support services will be appropriately resolved in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors interfering with development, learning, parenting, and teaching.

Reframing School Reform to Fully Address Barriers to Student Learning

Keys to ending marginalization include expanding comprehensiveness and ensuring that school reform initiatives fully integrate education support activity. Presently, there are several windows of opportunity for moving in this direction.

Windows of Opportunity for Systemic Change and Renewal

Among the most prominent opportunities are the major reform initiatives related to schools and welfare and health services. These initiatives are shifting the ways in which children and their families interface with school and community. For example, among other things, school reform aims to close the achievement gap, eliminate social promotion, enhance school safety, and minimize misindentification and maximize inclusion of exceptional learners in regular programs (Center for Mental Health in Schools, 2001a; Lipsky & Gartner, 1996). If such changes are to benefit the targeted students, current implementation strategies must be thoroughly overhauled, and well-designed interventions for prevention and early-after-onset correction of problems are essential. To these ends, all school personnel concerned with these matters must find their way to leadership tables so that effective system-wide changes are designed and implemented.

Similar opportunities arise around welfare reform. As the pool of working parents is increased, there is an expanding need for quality day care and preschool programs and programs to fill nonschool hours for all youngsters. Health reforms also are beginning to bring more services to schools (e.g., school-based health centers, family resource centers) and are stimulating renewed interest in primary and secondary prevention. As local schools and neighborhoods wrestle with the implications of all this, the result can be further fragmentation and marginalization of programs, or steps can be taken to weave changes into a comprehensive approach for addressing barriers to development and learning. Student

support staff have not yet emerged as key participants in these arenas, but the opportunity for assuming a leadership role is there.

Another window of opportunity comes from the rapid expansion of technology. In the next few years, technology will provide major avenues for improving how school staff function. Now is the time to take the lead in planning how technology will be used in working with students and their families and in building capacity for more effective, less costly interventions. Tools already are available for empowering student choice and self-sufficiency and system capacity building. Improved computer programs are emerging that systematically support many intervention activities, and the Internet enables increased access to information and resources, enhances collaborative efforts including consultation and networking, and provides personalized continuing education and distance learning (Center for Mental Health in Schools, 2000). Resources contained in ERIC and the ERIC/CASS Virtual Libraries can be highly contributive to the efforts to reframe school reform and address barriers to student learning (ericcass.uncg.edu).

Toward Comprehensive, Multifaceted Approaches

Prevailing initiatives and windows of opportunity provide a context for formulating next steps and new directions. Building on what has gone before, we submit the following propositions. First, we suggest that many specific problems are best pursued as an integrated part of a comprehensive, multifaceted continuum of interventions designed to address barriers to learning and promote healthy development. For another, we submit that comprehensive, multifaceted approaches are only feasible if the resources of schools, families, and communities are woven together. A corollary of this is that the committed involvement of school, family, and community is essential in maximizing intervention implementation and effectiveness. The following discussion is designed to clarify these propositions.

A comprehensive and multifaceted continuum of braided interventions. Problems experienced by students generally are complex in terms of cause and needed intervention. This means interventions must be comprehensive and multifaceted.

How comprehensive and multifaceted? As illustrated in Figure 1, the desired interventions can be conceived as a continuum ranging from a broad-based emphasis on promoting healthy development and preventing problems (both of which include a focus on wellness or competence enhancement) through approaches for responding to problems early-after-onset, and extending on to narrowly focused treatments for severe/chronic problems. Not only does the continuum span the concepts of primary, secondary, and tertiary prevention, it can incorporate a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. The continuum also provides a framework for adhering to the principle of using the least restrictive and nonintrusive forms of intervention required to appropriately respond to problems and accommodate diversity.

Moreover, given the likelihood that many problems are not discrete, the continuum can be designed to address root causes, thereby minimizing tendencies to develop separate programs for each observed problem. In turn, this enables increased coordination and integration of resources which can increase impact and cost-effectiveness. Ultimately, as illustrated in Figure 1, the continuum can evolve into integrated *systems* by enhancing the way the interventions are connected. Such connections may involve horizontal and vertical restructuring of programs and services (a) within jurisdictions, school districts, and community agencies (e.g., among divisions, units) and (b) between jurisdictions, school and community agencies, public and private sectors, among clusters of schools, and among a wide range of community resources.

Integrating with school reform. It is one thing to stress the desirability of developing a full continuum of interventions; it is quite another to propose that schools should be involved in doing so. In the long run, the success of such proposals probably depends on anchoring them in the mission of schools. That

is, the recommendations must be rooted in the reality that schools are first and foremost accountable for educating the young. In particular, such proposals must reflect an appreciation that schools tend to become concerned about addressing a problem when it clearly is a barrier to student *learning*. Moreover, it is the entire constellation of external and internal barriers to learning that argues for schools, families, and communities working together to develop a cohesive, comprehensive, multifaceted approach. Indeed, to achieve their educational mission, schools need to address barriers to learning and to do so with more than school-linked, integrated health and human services. Addressing barriers involves comprehensive, multifaceted strategies that can only be achieved through strong school-community connections. (School-community connections are particularly important in poverty areas where schools often are the largest piece of public real estate in the community and also may be the single largest employer.)

As stressed above, however, the current situation is one where schools marginalize everything except direct efforts to improve teaching and enhance the way schools are managed. Therefore, we suggest that policy makers must move beyond what fundamentally is a two-component model dominating school reform. They must recognize that for teachers to teach effectively there must not only be effective instruction and well-managed schools; there also must be a component to address barriers in a *comprehensive* way.

Enabling Learning by Addressing Barriers

Our work points to the need for a three-component framework for reform that views all three components as complementary and overlapping (Adelman, 1996a; 1996b; Adelman & Taylor, 1994, 1997, 1998; Center for Mental Health in Schools, 1996, 1997, 1998). The third component is conceived as a comprehensive, multifaceted approach to *enable learning by addressing barriers*. Thus, we call it an enabling component. (Enabling is defined as "providing with the means or opportunity; making possible, practical, or easy.") Of even greater importance, we have stressed that adoption of a three-component model must be done in a way that elevates efforts to address barriers to development, learning, and teaching to the level of a fundamental and essential facet of education reform and school and community agency restructuring.

By calling for reforms that fully integrate a focus on addressing barriers to learning, the concept of an enabling component provides a unifying frame of reference for responding to a wide range of psychosocial factors interfering with effective schooling. In policy and practice, all categorical programs, such as Title I, safe and drug free school programs, and special education, can be integrated into such a comprehensive component. Moreover, when current policy and practice are viewed through the lens of this third component, it becomes evident how much is missing in prevailing efforts to enable learning, development, and teaching. Adoption of such an inclusive unifying concept is seen as pivotal in convincing policy makers to recognize the essential nature of activity to enable learning. That is, the third component is seen as providing both a basis for combating marginalization and a focal point for developing a comprehensive framework for policy and practice. When such a component is elevated to a high policy level, it finally will be feasible to unify disparate approaches to preventing and ameliorating psychosocial problems and promoting wellness, thereby reducing fragmentation. That is, we see this form of expanded school reform as a foundation upon which to mesh resources for minimizing risk factors and fostering healthy development and as a catalyst for rethinking community resources and how they can best be connected with schools.

Implications for New Directions for Pupil Personnel Professionals: A Proactive Agenda

Our analyses envision schools and communities weaving their resources together to develop a

comprehensive continuum of programs and services designed to address barriers to development, learning, parenting, and teaching. From a decentralized perspective, the primary focus in designing such an approach is on systemic changes at the school and neighborhood level. Then, based on understanding what is needed to facilitate and enhance local efforts, changes must be made for families of schools and wider communities. Finally, with clarity about what is needed to facilitate school and community-based efforts and school-community partnerships, appropriate centralized restructuring can be pursued.

Whether or not what we envision turns out to be the case, pupil service personnel must be proactive in shaping their future. In doing so, they must understand and take advantage of the windows of opportunity that are currently open as a result of major reform initiatives and the rapid advances in technology. We also think they need to adopt an expanded vision of their roles and functions (Policy Leadership Cadre for Mental Health in Schools, 2001). Politically, they must integrate themselves fully into school reform at all levels and especially at the school.

For some time, policy and practice changes have suggested the need for restructuring personnel roles and functions and systemic mechanisms (at schools, in central offices, and by school boards). Some thoughts about this are offered in the next section.

Rethinking Roles and Functions

As the preceding discussion indicates, many influences are reshaping and will continue to alter the work of pupil personnel staff. Besides changes called for by the growing knowledge base in various disciplines and fields of practice, initiatives to restructure education and community health and human services are creating new roles and functions. Clearly, pupil service personnel will continue to be needed to provide targeted direct assistance and support. At the same time, their roles as advocates, catalysts, brokers, leaders, and facilitators of systemic reform will expand. As a result, they will engage in an increasingly wide array of activity to promote academic achievement and healthy development and address barriers to student learning. In doing so, they must be prepared to improve intervention outcomes by enhancing coordination and collaboration within a school and with community agencies in order to provide the type of cohesive approaches necessary to deal with the complex concerns confronting schools (Adelman, 1996a, 1996b; Center for Mental Health in Schools, 2001b, 2001c; Freeman & Pennekamp, 1988; Gysbers & Henderson, 2000, 2001; Lapan, 2001; Marx, Wooley, & Northrop, 1998; Reschly & Ysseldyke, 1995).

Consistent with current systemic changes is a trend toward less emphasis on intervention ownership and specialization and more attention to accomplishing desired outcomes through flexible and expanded roles and functions. This trend recognizes underlying commonalities among a variety of school concerns and intervention strategies and is fostering increased interest in cross-disciplinary training and interprofessional education (Carnegie Council on Adolescent Development, 1995; Lawson & Hooper-Briar, 1994).

Clearly, all this has major implications for changing pupil personnel professionals' roles, functions, preparation, and credentialing. Efforts to capture key implications are discussed in a recent report from the Center for Mental Health in Schools (2001d) entitled: *Framing New Directions for School Counselors, Psychologists, & Social Workers.*

New Mechanisms

With specific respect to improving how problems are prevented and ameliorated, all school personnel designated as student support staff need to lead the way in establishing well-redesigned organizational and operational mechanisms that can provide the means for schools to (a) arrive at wise decisions about resource allocation; (b) maximize systematic and integrated planning, implementation,

maintenance, and evaluation of enabling activity; (c) outreach to create formal working relationships with community resources to bring some to a school and establish special linkages with others; and (d) upgrade and modernize interventions to reflect the best models and use of technology. As discussed above, implied in all this are new roles and functions. Also implied is redeployment of existing resources as well as finding new ones (Center for Mental Health in Schools, 2001b).

Concluding Comments

Over the next decade, initiatives to restructure education and community health and human services will reshape the work of school professionals who provide student support. Although some current roles and functions will continue, many will disappear, and others will emerge. Opportunities will arise not only to provide direct assistance but to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide various forms of consultation and inservice training. And, it should be emphasized that these additional duties include participation on school and district governance, planning, and evaluation bodies. All who work to address barriers to student learning must participate in capacity building activity that allows them to carry out new roles and functions effectively. This will require ending their marginalized status through full participation on school and district governance, planning, and evaluation bodies.

The next 20 years will mark a turning point for how schools and communities address the problems of children and youth. Currently being determined is: In what direction should schools go? And who should decide this? Where student support staff are not yet shaping the answers to these questions, they need to find a place at the relevant tables. Their expertise is needed in shaping policy, leadership, and mechanisms for developing school-wide and classroom programs to address barriers to learning and promote healthy development. There is much work to be done as the field redefines itself to play a key role in schools of the future.

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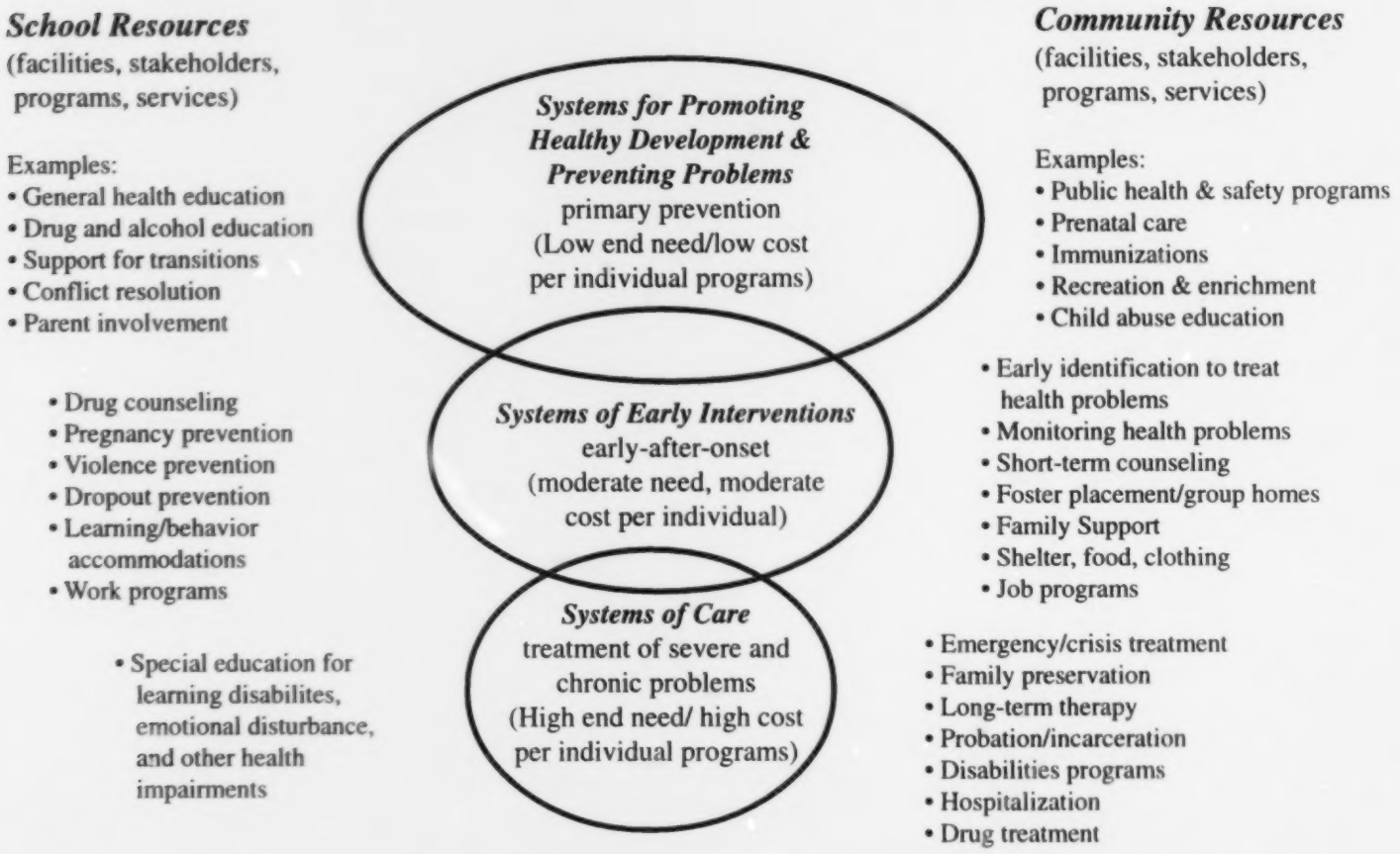
Figure 1. Interconnected sustems for meeting the needs of all students



Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems of prevention, systems of early intervention, and systems of care.*

* Such collaboration involves horizontal and vertical restructuring of programs and services
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions,, units, schools, clusters of schools)
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

Adapted from various public domain documents authored by H. S. Adelman & L. Taylor and circulated through the Center for Mental Health in Schools at UCLA.